

 <b>Department of Veterans Affairs</b>		<b>STATE HOME INSPECTION STANDARDS-DOMICILIARY</b>		INITIAL SURVEY	RE-SURVEY	DATE SURVEYED August 17-21 2009	REPORTS CONTROL
NAME OF FACILITY		STREET ADDRESS		CITY	COUNTRY	STATE	ZIP CODE
California Veterans Home		Yountville		CA			
SURVEY BY (VHA FIELD ACTIVITY OR JURISDICTION)							
San Francisco VA Medical Center							
SURVEYORS NAME/SIGNATURE AND CORRESPONDENCE SYMBOL							
1. Ruth Patience-Midcap, BSN, MBA, RN		6.		11.			
2. Lisa Proffit, Pharm D.		7.		12.			
3. Karen Arnold, R.D.		8.		<b>LEGEND</b> S - Substantially Met P - Partially Met N - Not Met NA - Not Applicable			
4. Kevin Rayburn, R.D.		9.					
5.		10.					
C. STANDARDS FOR DOMICILIARY CARE			CHOOSE ONE		EXPLANATORY STATEMENTS		

**1. Governance and Administration: The facility is governed and managed effectively.**

(A) The facility has a governing body, or designated persons so functioning, with full legal authority and responsibility for the operation of the facility.	<u>(S) Substantially Met</u>  S   P   N   NA	
(B) Written administrative policies, procedures, and controls are established, implemented and reviewed at least annually to promote the orderly and efficient management of the facility,	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) There are sufficient, knowledgeable administrative and clinical staff assigned to provide quality care within the domiciliary.	<u>(S) Substantially Met</u>  S   P   N   NA	

(D) Written personnel policies and procedures are established and implemented to facilitate sound patient care and personnel policies.	<u>(S) Substantially Met</u>  S   P   N   NA	
(E) The facility has an ongoing staff development program including orientation of new employees and in-service education related to the needs and care of domiciliary patients.	<u>(S) Substantially Met</u>  S   P   N   NA	
(F) There is evidence of input from all services to management by regular meetings and systematic review of the domiciliary program.	<u>(S) Substantially Met</u>  S   P   N   NA	

**2. Safety: The facility shall be structurally safe and maintained to protect the health and safety of patients, personnel and visitors.**

(A) The facility has a current State Fire Marshall's certificate or documented evidence of compliance with life safety codes.	<u>(S) Substantially Met</u>  S   P   N   NA	
(B) The facility has a current report by a qualified VA Life Safety engineer or specialist that the facility is in compliance with the provisions of the Life Safety Code currently in force, applicable to domiciliaries.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) There is evidence that reported life safety deficiencies have been or are being corrected.	<u>(S) Substantially Met</u>  S   P   N   NA	
(D) The facility has available an emergency service of electrical power to provide essential service when the normal electrical supply is interrupted.	<u>(S) Substantially Met</u>  S   P   N   NA	

(E) The buildings are accessible to and safe for persons with handicaps.	<u>(S) Substantially Met</u>  S P N NA	
(F) The facility has a program for prevention and control of infection.	<u>(S) Substantially Met</u>  S P N NA	
(G) Linens are handled, stored, processed, and transported in such a manner as to maintain a clean environment and prevent infection.	<u>(S) Substantially Met</u>  S P N NA	
(H) The facility has an ongoing program of integrated pest management.	<u>(S) Substantially Met</u>  S P N NA	
(I) Cleaning agents, maintenance supplies and pesticides are stored under safe and sanitary conditions.	<u>(S) Substantially Met</u>  S P N NA	

**3. Physical Environment: The facility provides a functional, aesthetically pleasing, sanitary, and comfortable environment for patients, personnel, and visitors.**

(A) The facility employs a supervisor of sanitation and sufficiently trained personnel to maintain a safe, clean, and orderly environment.	<u>(S) Substantially Met</u>  S P N NA	
(B) The buildings are maintained in a clean, attractive, and comfortable manner.	<u>(S) Substantially Met</u>  S P N NA	

(C) Acceptable practices are employed for maintenance and repair of equipment, buildings, and grounds.	<u>(S) Substantially Met</u>  S   P   N   NA	
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**4. Medical Care: There is a comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients.**

(A) The facility ensures the provision of professional medical services for the patients.	<u>(S) Substantially Met</u>  S   P   N   NA	
(B) Each patient has primary physician responsible for the patient's medical care.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) Patients are classified according to domiciliary care required.	<u>(S) Substantially Met</u>  S   P   N   NA	

<p>(D) A patient treatment plan is established and maintained for each domiciliary patient.</p>	<p><u>(N) Not Met</u></p> <p>S P N NA</p>	<p>Based on review of six of six domiciliary patient clinical records, the facility failed to establish a treatment plan for each domiciliary patient. For example:</p> <p>Patients nos. 14-18 had forms in their records titled " Interdisciplinary team treatment plan." This form had some very general statements regarding some of the patient's physical abilities but there were no actual documented assessments on the form and none of the forms had any actual treatment plans for the patients. Under the section for "treatment plan/goals" there were statements such as " Continue to observe for changes", "continues to do well" "maintain current level of independence in residential care" .</p> <p>Plan of Correction: The facility will establish and maintain a treatment plan for each Domicialy patient on admision and annually there after.</p> <p>All disciplines: Medicine, Activities, Dietary, Social Services, Section Leaders and Nursing will start the Resdiental Care Plan via the Meditech System uopn the resident's admission to the Home and within the resident's anniversary month (the date the Resident was admitted to the home). Interdisciplinary Supervisors will be responsible generating the list of residents who are due for a review. All disciplines will complete the pertinent section in the Residential Care Plan on admit and within the anniversary month, including measurable goals. Medical Administrative Records will print the completed Interdisciplinary Care Plan at the end of each month and distribute to the primary physician or designated physician. The Physician will review, comment and sign the Residential Care Plan within 1 month after the admission or anniversary date and send it to the file room. The file room will place the Residential Care Plan in the appropriate chart under the Care Plan tab.</p> <p>Monitor: Activities, Dietary, Social Services, Section Leaders, Nursing, Physicians will monitor monthly for timely completion of the Residential Care Plan, reporting to their Directors and to the Quality Management Committee for review.</p> <p>Completion Date: 10/23/09</p>
<p>(E) Primary care medical services are provided for domiciliary patients as needed.</p>	<p><u>(S) Substantially Met</u></p> <p>S P N NA</p>	

(F) Each patient has a complete medical re-evaluation annually and as needed.	<u>(S) Substantially Met</u>  S P N NA	
(G) There is provision made for preventive and maintenance dental and other health services.	<u>(S) Substantially Met</u>  S P N NA	
(H) Transportation is available for patients needing medical, dental and other health services.	<u>(S) Substantially Met</u>  S P N NA	
(I) Domiciliary patients are admitted to an infirmary when necessary.	<u>(S) Substantially Met</u>  S P N NA	
(J) There is a written agreement with one or more hospitals to accept a patient requiring hospitalization.	<u>(S) Substantially Met</u>  S P N NA	
(K) Domiciliary patients are admitted to nursing home care or hospital care if medically necessary.	<u>(S) Substantially Met</u>  S P N NA	

**5. Nursing Care: The facility maintains an organized nursing service with nursing personnel qualified to meet the nursing care needs of the domiciliary patient.**

(A) A full-time qualified registered nurse is responsible for the nursing services provided the patients.	<u>(S) Substantially Met</u>  S P N NA	
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(B) Primary care nursing services are provided for domiciliary patients.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) Nursing services rendered are documented in the patient's medical record.	<u>(S) Substantially Met</u>  S   P   N   NA	
(D) Nursing service participates in the establishment and maintenance of a treatment plan for each domiciliary patient.	<u>(S) Substantially Met</u>  S   P   N   NA	
(E) The facility provides for 24-hour nursing services as required to meet the nursing care needs of the domiciliary patients.	<u>(S) Substantially Met</u>  S   P   N   NA	

**6. Rehabilitation: Rehabilitation services are provided as needed to improve and maintain maximum functioning of each domiciliary patient.**

(A) The facility provides, or arranges for under a written agreement, rehabilitation services as needed by the patients.	<u>(S) Substantially Met</u>  S   P   N   NA	
(B) Rehabilitation services are provided under a written plan of care for each patient.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) Specialized rehabilitation therapy rendered, progress notes, and evaluation of the treatment plan are recorded in the patient's medical record.	<u>(S) Substantially Met</u>  S   P   N   NA	

**7. Social Services: The facility provides professional social work services to identify and meet the social and emotional needs of patients.**

(A) A qualified social worker is on staff or the facility has a written agreement with a qualified social worker or recognized social agency for consultation on a regularly scheduled basis.	<u>(S) Substantially Met</u>  S   P   N   NA	
(B) A written psychosocial assessment is maintained in each patient's medical record.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) Results of social services rendered are documented in the patient's medical record.	<u>(S) Substantially Met</u>  S   P   N   NA	
(D) The facility has an organized procedure for discharge and transfers.	<u>(S) Substantially Met</u>  S   P   N   NA	

**8. Dietetics: The facility provides a dietetic service that meets the daily nutritional needs of patients and ensures that special dietary needs are met.**

(A) The dietetic service is under the direction of a qualified dietitian or a full-time dietetic service supervisor with consultation from a qualified dietitian.	<u>(S) Substantially Met</u>  S   P   N   NA	
(B) Menus, to the extent medically possible, are planned in accordance with the Recommended Dietary Allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) Special diets are available as needed	<u>(S) Substantially Met</u>  S   P   N   NA	



(D) At least three or more regular meals are served daily, with not more than a 14-hour span between substantial evening meal and breakfast.	<u>(S) Substantially Met</u>  S   P   N   NA	
(E) Dietetic service personnel practice safe and sanitary food handling techniques.	<u>(S) Substantially Met</u>  S   P   N   NA	
(F) Dining areas are large enough to accommodate all domiciliary patients.	<u>(S) Substantially Met</u>  S   P   N   NA	
(G) The nutritional status of each patient is monitored on a regular basis.	<u>(S) Substantially Met</u>  S   P   N   NA	

**9. Patient Activities: An activities program is available to the domiciliary patients and designed to enhance each patient's sense of physical, psychosocial, and spiritual well being.**

(A) A member of the facility's staff is designated as responsible for the patient activities program.	<u>(S) Substantially Met</u>  S   P   N   NA	
B) Space, equipment, and supplies for the activities program are adequate for individual and/or group activities.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) There are regularly scheduled activities during weekdays, evenings and weekends.	<u>(S) Substantially Met</u>  S   P   N   NA	

(D) Each patient's activity plan is a part of the overall treatment plan.	<u>(S) Substantially Met</u>  S P N NA	
(E) Religious services and spiritual activities are provided for patients.	<u>(S) Substantially Met</u>  S P N NA	
(F) Domiciliary patients are encouraged to participate in supervised community activities.	<u>(S) Substantially Met</u>  S P N NA	

**10. Pharmacy: Pharmaceutical services meet the needs of patients and are provided in accordance with ethical and professional practices and legal requirements.**

(A) A registered pharmacist is responsible for pharmacy services.	<u>(S) Substantially Met</u>  S P N NA	
(B) A program is established for the safe procurement, control, and distribution of drugs.	<u>(S) Substantially Met</u>  S P N NA	
(C) There is controlled access to all drugs and substances used for treatment.	<u>(S) Substantially Met</u>  S P N NA	
(D) Patients on self-medication are instructed by qualified personnel on the proper use of drugs.	<u>(S) Substantially Met</u>  S P N NA	

(E) Provision is made for qualified nursing personnel to administer medication to patients who are not in a self-medication program.	<u>(S) Substantially Met</u>  S   P   N   NA	
(F) There is an established system for monitoring the outcome of drug therapy or treatment.	<u>(S) Substantially Met</u>  S   P   N   NA	

**11. Medical Records: The patient's health status is documented regularly in the medical record in accordance with the treatment plan.**

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(A) Medical records are completely legible and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.

(P) Partially Met

S P N NA

Based on review of six of six domiciliary clinical records, the facility failed to maintain records that were accurately documented. Findings include: Pts. nos 14-18 had pharmacy order sheets that were in various stages of accuracy. Patient no. 18. had a pre-printed pharmacy order sheet from 12/29/08 @ 11:44 a.m. The patient had an order for omeprazol 20 mg. bid which started on 12/29/08 @ 11:49 am, however, there is no annotation on the pre-printed pharmacy sheet that the patient had started omeprazol. There is a hand written annotation that the patient had started omeprazol 20mg. once daily. There is no start date listed on the pharmacy order sheet for the once daily dose, which started (per the progress notes) on 4/30/09.

Patient no. 14 had a trial dose of sildenafil ordered on 6/16/05 with no refills. The order remains on the most recent pharmacy order sheet dated 4/17/09. There is also an order for vardenafil with a start date of 2/20/07 on the pharmacy order sheet dated 4/17/09.

Patient no. 15 had a pre-printed pharmacy order sheet from 11/21/08 with three hand written annotations for three orders of vicodin with dates and number of refills. However, on the same sheet was a handwritten annotation for omeprazol but no start date or quantity. This patient also has on the pre-printed pharmacy sheet "no known allergies", however, there is a sticker on the front of the patient's chart stated "Allergies 6/6/2000 to NSAIDS and Vioxx." Also there is a note from the physician on 8/7/09 that states "No NSAIDS, pts. hemoglobin is dropping." however, there are no NSAIDS listed on the pre-printed pharmacy sheet of 11/21/08. On 6/5/2009, a physician's progress note stated " Advise patient to increase iron and vitamin C to bid ac with meals." There is no documentation either pre-printed or handwritten increasing the patient's iron and Vitamin C on the pre-printed medication sheet.

Plan of Correction: The Facility will ensure that Medical Records are completely legible, accurate and systematically organized.

All findings in this section were related to the practice of supplying the patient's DOM chart with a "snap shot" printed medication profile record. Because these records may or may not be maintained and updated with new information, they have found to be a source of misleading information. Therefore these records will be removed from the charts and no longer supplied by Pharmacy, physicians, other clerical staff.

The Hospital Information System computer program (Meditech) which is constantly updated with new information will be the official and only source of information for pharmaceutical dispensing data.

The Physicians, Nursing, Clinical and Clerical Staff Medical Records staff have been notified of this change.

Responsible: Chief of Pharmacy; Chief Medical Administrative Services  
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Monitor: Medical Administrative Services will monitor The Domiciliary Charts (30/month); remove any preprinted pharmacy sheets discovered

(B) The facility safeguards medical record information against loss, destruction, or unauthorized use.	<u>(S) Substantially Met</u>  S P N NA	
(C) The medical record contains sufficient information to clearly identify the patient.	<u>(S) Substantially Met</u>  S P N NA	

**12. Quality Assistance: The facility has an active quality assurance program in the domiciliary to ensure effective utilization and delivery of patient care services.**

(A) A member of the facility's staff or facility committee is designated as responsible for coordinating the quality assurance program.	<u>(S) Substantially Met</u>  S P N NA	
(B) The quality assurance program encompasses reviews of all services and programs provided for the domiciliary patients.	<u>(S) Substantially Met</u>  S P N NA	
(C) The quality assurance program encompasses ongoing utilization review.	<u>(S) Substantially Met</u>  S P N NA	
(D) The quality assurance program is reevaluated at least annually.	<u>(S) Substantially Met</u>  S P N NA	

**13. Quality of Life: The domiciliary level of care fosters a quality of life conducive to self esteem, security, and personal growth.**

(A) Patients are treated with respect and dignity.	<u>(S) Substantially Met</u>  S P N NA	
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(B) There is input to the domiciliary program through a patient advisory council.	<u>(S) Substantially Met</u>  S   P   N   NA	
(C) A home like environment is provided.	<u>(S) Substantially Met</u>  S   P   N   NA	
(D) The facility has written policies and procedures concerning the rights and responsibilities of the domiciliary patient.	<u>(S) Substantially Met</u>  S   P   N   NA	
(E) Patients are oriented to the policies and procedures of the domiciliary on admission.	<u>(S) Substantially Met</u>  S   P   N   NA	
(F) Patients may manage personal financial affairs or are given an accounting as required by state law, of financial transactions made on their behalf.	<u>(S) Substantially Met</u>  S   P   N   NA	